



01/10
HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Ing		Darryl	N.	599-7630
MAILING ADDRESS (Street)				FAX
900 Fort Street Mall Suite 1140				599-7631
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Organ Donor Center of Hawaii			599-7630
MAILING ADDRESS (Street)			FAX
900 Fort Street Mall Suite 1140			599-7631
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Darryl N. Ing			599-7630
MAILING ADDRESS (Street)			FAX
900 Fort Street Mall Suite 1140			599-7631
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

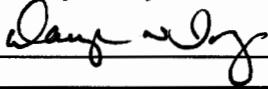
Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/5/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Darryl N. Ing

Executive Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Organ Donor Center of Hawaii

599-7630

MAILING ADDRESS (Street)

FAX

900 Fort Street Mall Suite 1140

599-7631

(City)

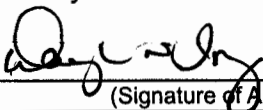
(State)

(Zip Code)

Hon.

Hi

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/5/05

(Date)